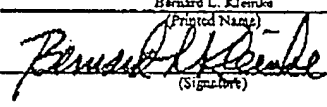


App. No. 10/716,802
Amdt. Dated December 29, 2004
Reply to Office Action of October 5, 2004
Atty. Dkt. No. 8591-111

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: GIRALDIN, ET AL.
Title: CASHLESS SPENDING SYSTEM AND METHOD
Appl. No.: 10/716,802
Filing Date: November 18, 2003
Examiner: Daniel A. Hess
Art Unit: 2876

CERTIFICATE OF MAILING BY FACSIMILE Date of Deposit: <u>12-29-2004</u> I hereby certify that this correspondence is being facsimile transmitted on the date indicated above to the Commissioner for Patents, P.O. BOX 1450, Alexandria, VA 22313-1450 at telephone No. 703-872-9306. Bernard L. Kleinsch (Printed Name)  (Signature)

REPLY AND AMENDMENT

Commissioner for Patents
P.O. BOX 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action mailed on October 5, 2004, please amend the above-identified application as follows:

Amendments to the Specification begin on page 2 of this paper.

Amendments to the Claims begin on page 3 of this paper.

Remarks/Arguments begin on page 11 of this paper.

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Joint Inventors and Patentability under 35 U.S.C. § 103(a)

The subject matter of the various claims were commonly owned at the time and inventions covered therein were made.

Allowed independent claims 19, 24, and 29 along with their newly added dependent claims 20-23, 25-28, and 30-33 are in a condition for immediate allowance, action to that end being earnestly requested.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date: 12-29-2004

DUCKOR SPRADLING METZGER & WYNNE
A Law Corporation
401 West A Street, Suite 2400
San Diego, California 92101-7915

Telephone No.: 619.231.3666
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By Bernard L. Kleinke

Bernard L. Kleinke
Attorney for Applicant
Registration No. 22,123

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10716802

CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

TOTAL CLAIMS	18	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	18 minus 20 = *	—
INDEPENDENT CLAIMS	3 minus 3 = *	—
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

AMENDMENT A	12/29/04	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	* 18	Minus	** 20	= —
	Independent	* 6	Minus	*** 3	= 3
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

RATE	FEE		RATE	FEE
BASIC FEE	385.00	OR	BASIC FEE	770.00
X\$ 9=		OR	X\$18=	
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL		OR	TOTAL	

SMALL ENTITY

OR OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

(Column 1)

(Column 2)

(Column 3)

AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	**	=
	Independent	*	Minus	***	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

(Column 1)

(Column 2)

(Column 3)

AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	**	=
	Independent	*	Minus	***	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

- * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 - ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
 - *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.